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**APPLICANTS**  
 Tin-Su Pan, Brookfield, WI;  
 Kishore Chandra Acharya, Brookfield, WI;  
 David Caumartin, Bayside, WI;  
 Dershan Luo, Brookfield, WI;  
 Prathyusha K. Salla, Waukesha, WI;

**\*\* CONTINUING DATA \*\*\*\*\*** JML

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/04/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: JML	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
23413

**TITLE**  
Retrospective respiratory gating for imaging and treatment

<b>FILING FEE RECEIVED</b> 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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